All-Things Flu

FluBytes July 25, 2006

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Key Points

Flu Partners Update: Seasonal Influenza

ONLINE VIS available! The Inactivated and Live Intranasal Influenza Vaccine Information Statements (6/30/06) are available at www.Michigan.gov/immunize

Immunization Update 2006 (live satellite broadcast): August 10 at 9:00 - 11:30 AM and 12:00 Noon - 2:30 PM ET topics include influenza vaccine, pertussis vaccine for adolescents and adults, revised recommendations for hepatitis A vaccination of children and the new vaccines for rotavirus and herpes zoster. Information about human papillomavirus (HPV) vaccine may also be included. The 2.5-hour broadcast will occur live from 9:00 to 11:30 am and will be re-broadcast that day from 12:00 noon to 2:30 pm (Eastern Time). Both broadcasts will feature a live question-and-answer session in which participants nationwide can interact with the course instructors via toll-free telephone lines.

Register at http://www.phppo.cdc.gov/PHTN/immup-2006/

Q & A from CDC for the 2006-2007 influenza season have been posted to the CDC website

1. The first set of Q and As provides information about vaccine supply for the 2006-07 influenza season. These Q and As may be found at: www.cdc.gov/flu/about/qa/vaxprioritygroups.htm

2. The second set of Q and As provides general information about influenza vaccine production, supply, and distribution in the US. These Q and As may be found at: www.cdc.gov/flu/about/qa/vaxsupply.htm

The Joint Commission on Accreditation of Healthcare Organizations approved an infection control standard that requires accredited organizations to offer influenza vaccinations to staff, which includes volunteers, and licensed independent practitioners with close patient contact. The standard will become an accreditation requirement beginning January 1, 2007, for the Critical Access Hospital, Hospital and Long Term Care accreditation programs. The Joint Commission developed the standard in response to recommendations by the Centers for Disease Control and Prevention (CDC) making the reduction of influenza transmission from health care professionals to patients a top priority in the United States. While the CDC has urged annual influenza vaccination for health care workers since 1981, the CDC's *"Morbidity and Mortality Weekly Report"* published earlier this year calls for stronger steps to increase influenza vaccination of health care workers. Despite the recommendations, the vaccination rates as measured by the CDC remain low. http://www.jointcommission.org/NewsRoom/NewsReleases/nr_06_13_06.htm

National Flu Summit information is attached, including a summary of t he June 2006 meeting and an AMA news, "New challenge for officials: Maximizing takers for increased flu shot supply". This flu season may be one in which there is more than enough vaccine rather than a shortage.

Prevention and Control of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP)

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm

The 2006 recommendations include new & updated information. The 6 principal changes include

1) Recommending vaccination of children aged **24--59** months and their household contacts and out-of-home caregivers against influenza (which extends the recommendations for vaccination: al children 6≤59 months receive annual vaccination);

2) Stress the importance of administering 2 doses of influenza vaccine for children aged 6 months--<9 years who were previously unvaccinated; also important to note that children aged 6 months - <9 years who received influenza vaccine for the first time during a previous season, but did not receive a 2nd dose of vaccine within that season, only need 1 dose of vaccine this season

3) Advising health-care providers, those planning organized campaigns, and state and local public health agencies to

a) develop plans for expanding outreach and infrastructure to vaccinate more persons than the previous year and

b) develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccine is delayed and/or reduced because of complexities in production;

4) Providers should routinely offer influenza vaccine to patients throughout the influenza season;

a) ACIP emphasizes that influenza vaccine should be offered throughout the influenza season, even after influenza activity has been documented

b) ACIP encourages community vaccinators & public health agencies to schedule clinics that serve target groups, and to extend the routine vaccination season by offering at least one vaccination clinic in December

5) Neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States until evidence of susceptibility to these antiviral medications has been re-established among circulating influenza A viruses; and

6) Use the 2006--07 trivalent influenza vaccine virus strains:

A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens. For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 virus; for the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus.

The Influenza powerpoint presentations from the June 2006 ACIP meeting can be viewed at http://www.cdc.gov/nip/ACIP/slides/mtg-slides-jun06.htm#flu

Novartis AG (which bought vaccine producer Chiron earlier this year,) said it will invest $600 million, including a $220 million grant from the government, to build the first plant in the United States to develop flu vaccines using advanced, cell-culture techniques. The drug maker plans to build its first plant in the U.S. to produce up to 50 million doses of seasonal flu vaccines. The new plant for Novartis would be based in Holly Springs, North Carolina. Construction is expected to begin in 2007.

In our own backyard! While studying new techniques to produce vaccines for Marek's disease, a common chicken disease that causes big losses for poultry producers, an MSU professor of animal science and microbiology and molecular genetics, and his colleagues found a cell line that had intriguing potential for growing flu virus – a change from the fertilized chicken eggs that are now used to grow the virus strains for vaccines. http://newsroom.msu.edu/site/indexer/2810/content.htm

The FDA Q&A website for the sanofi flu vaccine: http://www.fda.gov/cber/faq/sanofiqa.htm

Medimmune said the Food and Drug Administration has asked for clarification and additional information about the data MedImmune submitted for CAIV-T, a more manageable form of FluMist (doesn't have to be frozen). The company said it expects to respond to the FDA within two to four weeks. The company said that within the next few weeks it expects to a file a separate application for approval of CAIV-T in children between the ages of one and five, an important section of the flu market. A late-stage clinical trial has shown that CAIV-T was 55 percent more effective than the traditional injectable flu vaccine in reducing illness caused by any flu strain in children under five. However, previously unvaccinated children between six months and 23 months had a statistically significant increase in wheezing in the 42 days following their first injection. The company has not decided whether it will give a new name to the new formulation of the vaccine.

Flu Partners Update: Avian Influenza and Pandemic Preparedness

The CDC Avian Flu Website was updated on June 30, 2006 with new Key Facts and Q & A at http://www.cdc.gov/flu/avian

Please refer to the MiFluFocus under the Surveillance update for more!

Surveillance update

BRFSS: New estimates are available for influenza and pneumococcal vaccination coverage among adults aged 65 years and older from the Behavioral Risk Factor Surveillance System (BRFSS).

More information can be viewed at http://apps.nccd.cdc.gov/brfss/ or on the MMWR preview document at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5507a1.htm?s_cid=ss5507a1_e

2005-2006 Summary http://www.cdc.gov/flu/weekly/fluactivity.htm Reports & Surveillance Methods in the United States, including maps.

MIFluFocus from July 14, 2006, Weekly Influenza Surveillance and Avian Influenza Update is attached to the end of this newsletter.

Surveillance questions: Rachel Potter at PotterR1@michigan.gov

Office Planning for 2006-2007

MCIR (now the Michigan Care Improvement Registry) is a lifespan registry – be prepared to add adult immunizations to the registry to facilitate with reminder/recall and annual tracking of adult vaccines!

The attached Flu Shot Pre-booking Schedule may be useful as you start preparing for flu clinics.

Courtesy of Integrated Health Associates in Ann Arbor,

If you are a provider of vaccines to healthcare workers, be ramping up for the next seasons influenza vaccination campaign!

FluBytes is distributed to MDCH flu partners for informational purposes and may be .

For questions on FluBytes, please contact Liz Harton, Public Health Advisor at hartone@michigan.gov

This newsletter is distributed to local health departments, Immunization Action Plan (IAP) Coordinators, members of the Michigan Advisory Committee on Immunizations (MACI), Alliance for Immunization in Michigan (AIM), and representatives of the Flu Advisory Board (FAB).

MIFluFocus
July 14, 2006
Weekly Influenza Surveillance and Avian Influenza Update

Syndromic Surveillance System Surveillance: Flu-like illness, as characterized by the syndromic surveillance systems, continues to demonstrate a very low overall level of activity. Flu-like illness reporting through the Michigan Disease Surveillance System has been negligible in recent weeks, as schools are closed for the summer. Over-the-counter pharmaceutical sales have been stable or decreasing for all flu-related products recently and the sales of all products (except for chest rubs) are at or below levels from last year at this time. No statewide alerts for increased respiratory or constitutional emergency department visits have been generated in recent weeks.

Sentinel Surveillance (**as of July 13, 2006**): During the week ending July 8, 2006, the proportion of visits due to influenza-like illness (ILI) decreased slightly from last week to 0.1% of all visits. Low levels of ILI activity were reported in all regions; the percentage of visits due to ILI by region was 0.1%, Central; 0.0%, North; 0.0%, Southwest; and 0.0%, Southeast.

The increased rate of ILI (1.7%) reported last week in the Central region has decreased (0.6%) in this week's report due to additional data received late from that region. The large pediatric practice in the Central region that reported five visits due to ILI in the week ending July 1, 2006 saw no visits due to ILI in the week ending July 8, 2006.

Percentage of Visits for Influenza-like Illness (ILI) Reported by Sentinel Providers, Michigan Statewide and Regions 2005-2006

As part of pandemic influenza preparedness, CDC and MDCH highly encourage and recommend year-round participation from all sentinel providers. Data that we obtain over the summer will help us to establish a baseline level of activity during months that are not typically associated with high levels of influenza activity. New practices are encouraged to join influenza sentinel surveillance program today! Contact Rachel Potter at 517-335-9710 or potterr1@michigan.gov for more information.

Laboratory Surveillance (as of July 14, 2006): No reports were received during the previous week. The MDCH laboratory has confirmed 138 influenza cases in Michigan over the 2005-2006 season, of which 132 were influenza A (H3N2) and 6 were influenza B.

Influenza-Associated Pediatric Mortality (as of July 14, 2006, CDC data as of May 20): No reports were received during the previous week. For the 2005-2006 influenza season, Michigan had one confirmed influenza-associated pediatric death from region 2S, with one other death under investigation at this time by MDCH. During October 2, 2005 – May 20, 2006, CDC received reports of 35 influenza-associated pediatric deaths, 33 of which occurred during the current influenza season.

***Reminder: The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection. This includes no only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter_107562_7.pdf for the complete protocol. It is important to immediately call or fax information to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Settings Outbreaks (as of July 14, 2006): No reports were received during the past reporting week. A total of two congregate setting outbreaks have been reported to MDCH this season; one in Southwest Michigan in late February and one in Southeast Michigan in late March. Both outbreaks were MDCH laboratory confirmed as due to influenza A (H3N2).

The 2005-2006 Michigan Influenza Seasonal Summary is now available at http://www.michigan.gov/flu under "Seasonal Influenza – MDCH Laboratory Influenza Testing and Surveillance." Overall, this season was milder than the previous year, peaked in early to mid-March and was comprised mainly of influenza A infections.

National (June 29, 2006): On June 28, 2006, the Advisory Committee on Immunization Practices (ACIP) published its new recommendations for the prevention and control of influenza. For the complete report, see the MMWR report June 28, 2006/55(Early Release);1-41, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm.

International (CDC, as of June 16): According to the CDC, for the 2005-2006 season worldwide, influenza B viruses were the most commonly reported influenza type in Europe, influenza A (H1N1) and influenza B viruses predominated in Asia, and small numbers of influenza A and B viruses were reported in Africa.

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Weekly influenza activity reporting to the CDC is finished for the 2005-2006 influenza season.

End of Seasonal Report

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Avian Influenza Activity

WHO Pandemic Phase: Phase 3 - Human infection(s) with a new subtype, but no human-to-human spread or rare instances of spread to a close contact.

International Update (OIE, July 7 and WHO, July 14): The World Organization for Animal Health (OIE) announced that Spain has its first case of the H5N1 avian influenza virus. An outbreak of the virus in wildlife has been reported in Salburúa wetlands, Alava province (País Vasco) in a great crested grebe (Podiceps cristatus) that had been found dead. The bird was found dead on June 30th and was confirmed to have the highly pathogenic H5N1 subtype on July 7th. The diagnosis has been established by the Central Veterinary Laboratory at Algete using RT-PCR and sequence analysis. A 3-km-radius protection zone around the outbreak and a 10-km-radius surveillance zone around the outbreak have been established. There are no commercial poultry holdings within this 10-km-radius area, and within this area, movement of poultry, other captive birds and their products is prohibited. Surveillance is also being done in these wetlands and other natural areas to detect any mortality in wild birds.

WHO has reported that the Ministry of Health in Indonesia has confirmed the country's 53rd case of human infection with the H5N1 avian influenza virus. The case, which was fatal, occurred in a 3-year-old girl from a suburb of Jakarta. She became ill on 23 June, was hospitalized on 5 July and died the next day. Specimens collected from the girl were confirmed positive for H5N1 avian influenza virus. An investigation found that the case handled chickens that had died in the neighborhood, to dispose of them, two days before the onset of her symptoms. Samples taken from chickens in the neighborhood were found to be positive. An investigation has found no further cases of influenza-like illness and monitoring of close contacts is under way. Of the 53 cases confirmed to date in Indonesia, 41 have been fatal.

National Update (July 11, 2006): As part of President Bush's plan to mobilize the nation and prepare for an influenza pandemic, HHS Secretary Michael Leavitt today announced an additional $225 million in funding for state and local preparedness. "Earlier this year HHS joined the nation's governors for a series of state pandemic influenza summits," Secretary Leavitt said. "These funds will build on the work begun at the summits and help local, tribal, territorial and state public health officials as they undertake critical preparedness planning that communities must do themselves." Today's funding announcement is part of $350 million included in recent emergency appropriations for upgrading state and local pandemic influenza preparedness passed by Congress in December. In February, the first phase of $100 million was awarded to states for planning and exercising of pandemic response plans and to identify gaps in preparedness. This second phase of funding is being awarded to begin addressing those identified gaps in pandemic influenza preparedness planning. The grants will be awarded to all 50 states, the District of Columbia, three local jurisdictions (New York City, Chicago and Los Angeles County), five U.S. Territories and three Freely Associated States of the Pacific. A table outlining what funds will be available for eligible jurisdictions is available at http://www.pandemicflu.gov/news/allocation.html. More information on pandemic influenza preparedness efforts is online at www.pandemicflu.gov.

National Wild Bird Surveillance (July 6, 2006): U.S. Fish and Wildlife Service in Anchorage, Alaska reported that 830 wild bird cloacal samples were sent to the National Wildlife Health Center lab during this last week. For the year, 4,471 samples have been sent to the NWHC with 3,772 of these samples tested so far. **Note:** Cumulative results include 90 samples that tested positive for the presence of avian influenza. Various types of avian influenza are common in wild bird populations, and most of these present little or no risk to wild birds, poultry, or humans. Three of these samples were confirmed positive for the H5 subtype, but not the N1 subtype. None of the samples have tested positive for the Highly Pathogenic H5N1 virus that the current sampling program is attempting to find.

Michigan Wild Bird Surveillance: To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at http://www.michigan.gov/emergingdiseases

Table 1. H5N1 Influenza in Poultry (Outbreaks up to July 13, 2006)
(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 7/13/2006)

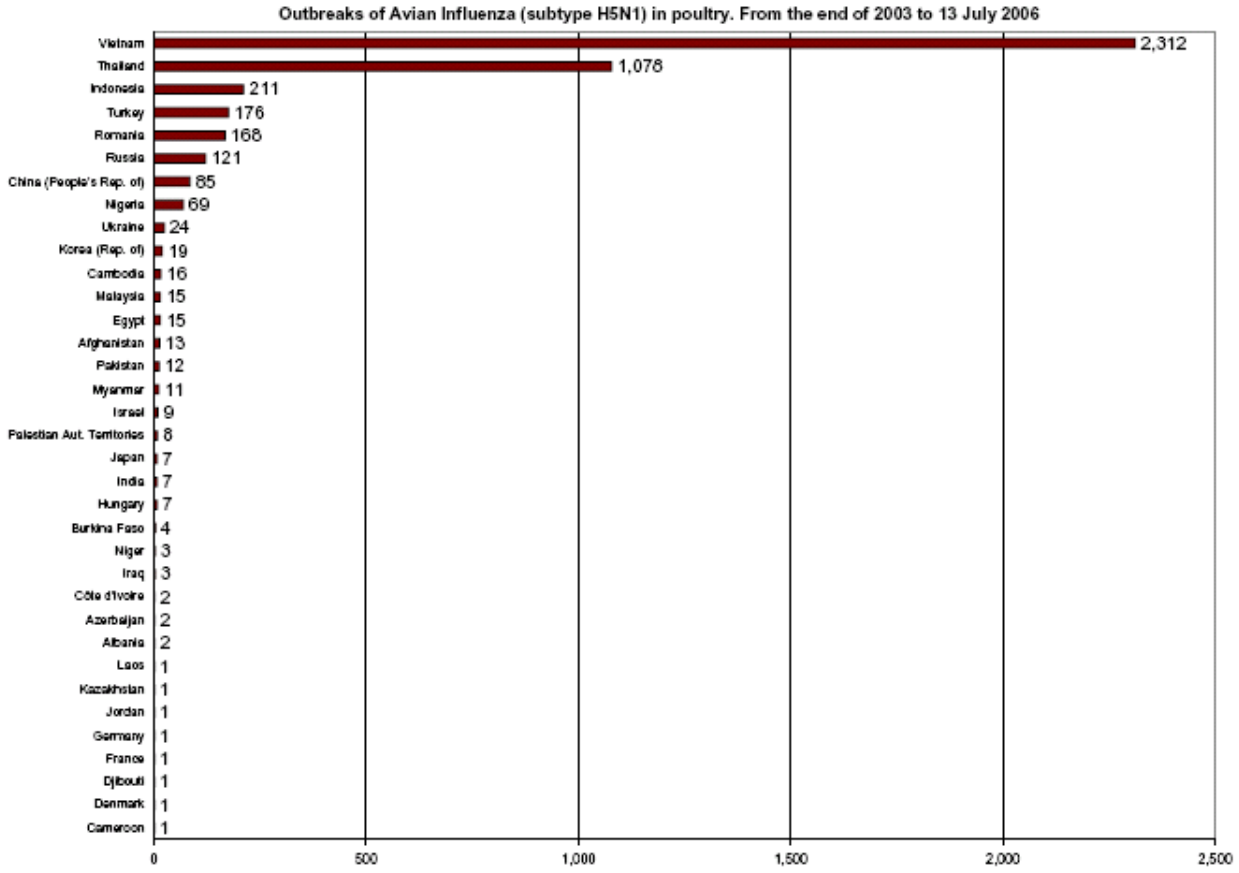

Table 2. H5N1 Influenza in Humans (Cases up to July 14, 2006)
(Source: http://www.who.int/entity/csr/disease/avian_influenza/country/cases_table_2006_06_06/en/index.html Downloaded 7/14/2006)
Cumulative number of confirmed human cases of Avian Influenza A(H5N1) reported to WHO. The total number of cases includes number of deaths. WHO only reports laboratory-confirmed cases.

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	11	7	19	12

Djibouti	0	0	0	0	0	0	1	0	1	0
Egypt	0	0	0	0	0	0	14	6	14	6
Indonesia	0	0	0	0	17	11	36	30	53	41
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	86	56	230	132

Age @ Appt.	Month of Appt.							
	April	May	June	July	Aug	Sept	Oct	Nov
o				Info	Info	Info		
o				Info	Info	Info		
o				Info	Info	Appt	Shot	Shot
o				Appt	Info	Info	Shot	Shot
o				Info	Appt	Info	Shot	Shot
o				Info	Info	Appt	Shot	Shot
no				Appt	Info	Info	Shot	Shot
no				Info	Appt	Info	Shot	Shot
no				Info	Info	Appt	Shot	Shot
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no				Appt	Appt	Info	Shot	Shot

no	Info	Info	Appt	Appt	Appt	Appt	Shot	Shot
n Risk				Appt	Appt	Appt	Shot	Shot